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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # G70488

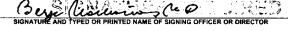
FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90106 023 ***150.00

BERGE MARKARIAN, INC.									
Principal Place of Business Mailing Address							OI LOIR DIGHT OIL	HI BINI DINI D	
6500 FLAMINGO WAY 6500 FLAMINGO WAY									
COCONUT CREEK FL 33073 US COCONUT CREEK FL 33073 US						DO NOT WRITE IN THIS SPACE			
03		00			ŀ	3. Date Incorporated or Qualifed	2 117 11110		
						11/17/1983			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21		26			İ	59-2352971		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
City & Stat	te	City & State				-6. Election Campaign Financing		\$5:00	May Be
23		28			į	Trust Fund Contribution		Added t	
Zip	Country	Zip	Coi	ıntry		8. This corporation owes the curre	ent year Inta		
24	25	29	30			Personal Property Tax.		<i>r</i>	□No
	9. Name and Address of Curren	t Registered Agent		04 11		10. Name and Address of New R	egistered A	gent	
MAG	DEADIAN REDGE			81 Name					
MARKARIAN, BERGE 6500 FLAMINGO WAY				82 Street Address (P.O. Box Number is Not Acceptable)					
COC	CONUT CREEK FL 33073			83				•	
				84 City			FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the a	bove-named	corpora	ation submits this statement for the	nurnose of c	hanging its	registered
office or r agent. I a	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida. Such change wa tions of, Section 607.0505,	as authorize Florida Stat	d by the corpo utes.	oration's	s board of directors. I hereby accep	t the appoin	tment as re	gistered
SIGNATURE	Slanghure typed or printed name of registered agent	t and title if engineets (A	IOTE: Registerer	l Anent signature r	required wh	nan reinstation)	DATE		
	Signature, typed or printed name of registered agen OFFICERS AN			I Agent signature r	w beniuper		DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE		nt and title if applicable. (ADD DIRECTORS	13.		w beniuper	nen reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	TLE	required wh				
12. TITLE NAME	OFFICERS AN DP MARKARIAN, BERGE, M. D.	D DIRECTORS	13. 1.1 TI 1.2 N	TLE	required wh				
12.	OFFICERS AN DP MARKARIAN, BERGE, M. D. 6500 FLAMINGO WAY	D DIRECTORS	13. 1.1 TI 1.2 NJ 1.3 S	TLE	required wh				
12. TITLE NAME STREET ADDRESS	OFFICERS AN DP MARKARIAN, BERGE, M. D.	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 G	TLE AME TREET ADDRESS ITY-ST-ZIP	required wh				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DP MARKARIAN, BERGE, M. D. 6500 FLAMINGO WAY	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 G	TLE AME TREET ADDRESS TTY-ST-ZIP TLE	required wh			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DP MARKARIAN, BERGE, M. D. 6500 FLAMINGO WAY COCONUT CREEK FL 33073	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	TLE AME TREET ADDRESS TTY-ST-ZIP TLE	required w			☐ Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



2/2/99

(954) 426 8129 Daytime Phone # CR2E034 (11/98